

# Department of Public Affairs



CONSTRUCTION OFFICIAL  
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION  
428-60TH STREET • ROOM 27  
WEST NEW YORK, NJ 07093  
TEL: (201) 295-5170 • FAX: (201) 295-9597

COSMO A. CIRILLO  
COMMISSIONER

THOMAS O'MALLEY  
CONSTRUCTION OFFICIAL  
ZONING OFFICER

**\$350.00 MONEY ORDER /CASHIER'S CHECK TO TOWN OF WEST NEW YORK**  
**BUSINESS CERTIFICATE**

Today's Date: \_\_\_\_\_ Anticipated Opening Date: \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_ **FLOOR:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

Property Currently Used As: \_\_\_\_\_

Is Property Vacant: (YES or NO) PROVIDE CURRENT PHOTO OF STOREFRONT: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

PROPERTY OWNER NAME: \_\_\_\_\_

Address: \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Telephone Number: H: \_\_\_\_\_ C: \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

Business Owner's Name: \_\_\_\_\_

Business Owner Home Address: \_\_\_\_\_

Telephone Number of Business Owner: \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

**\*APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

\_\_\_\_\_  
Applicant's Signature

SWORN TO AND SUBSCRIBED TO  
BEFORE ME ON THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 201

\_\_\_\_\_  
Applicant's Name (PRINT)

**PLEASE NOTE THAT YOUR BUSINESS MUST BE READY TO OPEN PRIOR TO INSPECTION AND  
THERE IS \$25.00 REINSPECTION FEE FOR EACH ADDITIONAL INSPECTION.  
CERTIFICATE WILL BE AVAILABLE FOR WITHIN FIVE to SEVEN BUSINESS DAYS AFTER THE INSPECTION DATE.**

**OFFICE USE ONLY**

Payment Rec'd ( ) Previous CO Attached ( ) Tax Record Attached ( ) Permits/Violations Attached ( )

Initial Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Reinspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Results: P or F Signature: \_\_\_\_\_

- \_\_\_\_\_ BOARD OF HEALTH; preliminary inspection
- \_\_\_\_\_ ANSUL SYSTEM; operating properly/connected to central station
- \_\_\_\_\_ BOILERS/FURNANCES; must have one of the following: a full fire rated ceiling or a sprinkler installed on the code water line
- \_\_\_\_\_ BUILDING INSPECTIONS; all final inspections on any permits have been completed/file closed out
- \_\_\_\_\_ CARBON MONOXIDE DETECTORS; (residential only)
- \_\_\_\_\_ EGRESS; free and clear
- \_\_\_\_\_ EXIT DOORS; free of pad locks/key locks
- \_\_\_\_\_ EXIT SIGNS; operating properly/illuminated/emergency lighting
- \_\_\_\_\_ EXTINGUISHERS; are required within ten feet of any kitchen and must be properly mounted and readily accessible
- \_\_\_\_\_ FLUE PIPES on gas and oil fired appliances must be tightly connected with no leaks
- \_\_\_\_\_ HANDRAILS; required on all stairs with 3 or more risers (steps plus landing) including exterior stairs
- \_\_\_\_\_ LOCKS; No keyed locks on any interior doors
- \_\_\_\_\_ LOW VOLTAGE CENTRALLY MONITORED FIRE ALARM SYSTEM; installed and working properly
- \_\_\_\_\_ SEATING; number if allowable
- \_\_\_\_\_ SIGNAGE; (provide picture) BEFORE AND AFTER
- \_\_\_\_\_ SMOKE DETECTORS; are required on each floor;
- \_\_\_\_\_ SPRINKLERS; operating properly
- \_\_\_\_\_ TRASH/RUBBISH; no accumulation inside or outside
- \_\_\_\_\_ VIOLATIONS-BUILDING CODE- PROP. MAINTENANCE; no outstanding violations
- \_\_\_\_\_ WINDOWS: operable and no broken or cracked glass

MISCELLANEOUS: \_\_\_\_\_

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